EALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/25/2022.

				0. 1 1 4	10
The Special Attention of Physicians is Respect	fally Invited to the I	Remarks below, and	to List of Diseases o	n Back of this Ce	rtificate
Bealth Dep	artment,	Will of	Baltin	aore.	, (1
Permit No. 98473 Office	of Registre	r of Mitalo	Sugaise	Ward /	1
The Physician who attended any person in to the Undertaker or other person superintend requested so to do, under penalty of law. No Permit for Bur	n a last illness, is respling the burial, within	nede for the prese	ntation of this Certificate the death of sai	ficate, accurately of deceased, or s	filled out, cooner, if
CERTIF	ICATE	OF D	EATH	[. +	2
Date of Death,	8 9	narch	188	7	
Full Name of Deceased, $\left\{egin{array}{ll}  ext{Write legibly} \\  ext{correctly.} &  ext{If} \\  ext{not named, g} \\  ext{of parents.} \end{array} ight.$	and spell an Infant rive names	Garrie E	Raff	le	
Sex, Male or Female, Cross out the word required in this lin	not }	······			
Age, 3 D Year	8,	Mont	ths,	-/	Days
Color,		White	3	+/	,
Married, Single, Widow or Widow	ver, {Cross out the we required in this	ords not }		/	<u> </u>
Occupation,	130	vte Ke	e fran	7	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	1000 A 1	y Isl	and	21	
Duration of Residence in the City	of Baltimore,	nearly	allh	o lega	ł
Place of Death, Give Street and Number.	126 1	r Ches	ter		
First (Primary),	Phith	isas,	Palm	mali	2
Cause of Death, Second (Immediate),	Ć	Bopha	ustri	-zu	
Duration of Last Sickness,  All the above information should be furnished by	John Physician.	4 h	ules		
Place of Burial, Greenmour	it ,		-1		
Date of Burial, March Me	0 1884	8.0	A Bor	us.	M D

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

Medical Attendant.

Undertaker, Denny & Milshell

Place of Business, 30

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Accounts of Physicians is respectfully invited to the Remarks below, and to list of Diseases on Back of this Certificate
Bealth Department Campon Baitimore.
Permit No. 98475 Office of Registrar MANital Majestes. Ward 111
The Physician who attended any person in a last illness, is a speciable for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, with the transfer of the deat of said deceased, or sooner, if requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Mar you 87
Pull Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Methor Female, {Cross out the word not }
Age, Months, Days
Color, white
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 30 200
Duration of Residence in the City of Baltimore, 30 yrs.  Place of Death, {Give Street and } 10 E Marion Grand
Cause of Death, First (Primary), Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Lew yetown 20 C
Date of Burial, March 9 /84 ) Turk
(Undertaker, Donny & Mitchette) M. D.
Place of Business, 530 M. Fagelle Address, 148 + Chal.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or the persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, are, and countries (whether married or single) of the person deceased, and the cause of date of death.

Special moteral 3 of Physicians is asspectately invited to the Memarks Delow, and to Mist of Diseases on Dack of this certificate.
Board of Health, City of Bullimore,  Permit No. 98476 Office of Registrar of Statistics and  The Physician who attended any person in a last illness, is responsible for the presentation of the Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-how hour afternoon death of said deceased, or sooner if requested so to do, under penalty of law.  No Permit for Burial can be Obtained within Proper Certain of the.
CERTIFICATE OF DEATH.
Date of Death, March Sub 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Fomale, {Cross out the word not }
Age, 2 Years, 10 Months, Days,
Color, While
Married, Single, Widow or Widower, {Cross out the word not }
Occupation,
Birthplace, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Smel Scrib
Place of Death, Give street and Soft Collarse
First, (Primary,) Preumonico
Cause of Death, Second, (Immediate,) Ashlingia
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial Baltimore Cometery
Date of Burial, Mearch 10th Dames Coll hutetrile D.
(Undertaker, Le orge Schilling \ \ \Classes 10 \ \Classes
Place of Business, Ishland Syna Address, July Megnuto Will

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

the special attention of Physicians	is kespectivity invited to the	nemaras and	DINEASES OF	DACK OF CHIS C	of functions
- Health	Department		The same	ore.	X"
Permit No. 98477	Office of Registr	her access	Statistics	Ward 2	8'
The Physician who attended at the Undertaker or other person s	ny person in a last illness, is apperintending the burial, wit law.	responsible for the hin twenty-four hours	after the death of sa		y filled out, sooner, if
O PERMIT	FOR BURIAL CAN BE OBT.	AINED WITHOUT A	Proper Certificate.		1
CER'	TIFICATI		DEATH	I.	
Date of Death,		arch.	. Klind		
Full Name of Deceased,	correctly. If an Infant not named, give names of parents.	lice a	, reins	mer	
Sex, Male or Female, Cross	s out the word not }				
Age, 26	Years,	William	onths,		Days.
Color,	6	suce-		-/-	
Married, Single, Widow o	Widower, {Cross out the required in the	words not }			
Occupation,		aun Ma			
Birth Place, State or country, an long in the United if of foreign birth.	d how States, 3 alto	Co m			
Duration of Residence in	the City of Baltim	re,	uars		
Place of Death, {Give Street an Number.	d}	1 for	undis.		
Cause of Death, $\begin{cases} First (Prince Prince P$	(mmediate), There	0. 0	~		
Duration of Last Sicknes		1	1 munic	to	
All the above information should be	furnished by the Physician.	2.			
Place of Burial, Jexas	s Balto Co	nd			
Date of Burial, Mas		9 Lucus	Ments	Evile-	M D
J Undertaker, H. C.		-	Medi	cal Attendant.	111. Id.
Place of Business, 9/	6 greenmit	Address, 2	o fluid	rulur	L
Extract from Regulations of the		ure a full and con Baltimore.	rrect record of the	Vital Statistic	s in the
Section 2. And be it further the Physician who attended during twenty-four hours after the death, to the same can be ascertained, the full and date of death.	g his or her last sickness, or the Undertaker or other pe	the Coroner, when the resons superintending on (whether married	he case comes under hi the Burial, a certifica	te setting forth on deceased, and	as far 38

Permit 10. 98-178 Office of Registron Ward 22.  The Physician who attended any person in a last illness, is responsible to the resentation of his Certificate, accurately filled out, to the Undertaker or other person superintending the butial, within twenty-four tree death of said deceased, or sooner, if requested so to do, under penalty of law.
No Permit for Burial can be Obtain out a Proper Cartie cate.
CERTIFICATE OF DEATH.
Date of Death, Mar 8 87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names } Phonia ame. Landstruct
Sex, Mate or Female, {Cross out the word not } required in this line.
Age, 71 Years, Months, Days
00007,
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 50 yrs
Place of Death, {Give Street and } 1502 Madisin an
Cause of Death, Second (Immediate), Exhaustion and Debelia coundly Con
Duration of Last Sickness, about six mouths.
All the above information should be furnished by the Physician.  Place of Burial, rem Mount Ormetary
Date of Burial, Friend gt 1887 NWP Zuman
Undertaker Mewart Amowing W. P. Way Medical Attendant.
Place of Business, 35 Park ave Address, 3/5 W monument
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the  City of Baltimore.  Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty
of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

elow, and to List of Diseases on Back of this Certificate.

The Special Attention of Physicians is nespectfully invited to t	de nematras peron, and to hist of pisonses on paor of only cortained
Bealth Departmen	it, Gitn of Baltimore.
Permit No. 98479 Office of Regist	tro de tital Parties. Ward
The Physician who standed any person in a last illness i	s responsible for the present on the Certificate, accurately filled out that have been been been been been been been be
CERTIFICAT	E OF DEATH.
Date of Death,	March ! - 1801
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.  Sex, Male or Female, {Cross out the word not required in this line.}	May Ivaais
1 2	Months, Days.
	and to
Color,	and a
Married, Single, Widow or Widower, {Cross out the required in	
Occupation,	2 ml
Birth Place, {State or country, and how long in the United States, if of foreign birth.	nore. 23 oflars -
Duration of Residence in the City of Baltin	, , , , , , , , , , , , , , , , , , , ,
Place of Death, {Give Street and }	. W. Cor. Halledg - Sanatofa
$\it Cause of Death, egin{cases} { m First (Primary),} \\ { m Second (Immediate),} \\ \end{array}$	Parturetin althema
Duration of Last Sickness,  All the above information should be furnished by the Physician.	2 4 how -
Place of Burial, Ohsle Sholan	, bemery
Date of Burial, flarch 9	D. Sheet M. D.
Undertaker, Lacob Ahrens	Medical Attendant,
Place of Business, 626 W Batto	Address, 4034. 40lin 4 -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the case and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Permit No. 98480 Office of Register of Scient Sizes. Ward 134  The Physician who attended any person in a last illness, is responding for the properties of this Certificate, accurately filled out to the Undertaker or other person superintending the burial within laterly four hours after the death of said deceased, or sooner, it
requested so to do, under penalty of law.  No Permit for Burial can be Object without a Proper Contificate.
CERTIFICATE OF DEATH.
Date of Death, March 7th 1887
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 49 Years, // Months, /7 Days.
Color, while
Married, Single, Widow or Widower, {Cross out the words not } Married
Occupation, Locke
Occupation,  Birth Place, {State or country, and how long in the United States, if of foreign birth.}
Duration of Residence in the City of Baltimore, 25 7 Sacr
Place of Death, {Give Street and } 713 Vering fon SL
Cause of Death, { First (Primary), Pelvic abscess & Ovarian Junear Second (Immediate),
Duration of Last Sickness, The year
Place of Buriat, letto imstany
Date of Burial, Mangain )
Undertaker, has A. Jamord Wolling Sedical Attendant.
Place of Business, 394 M Chas Address, 600 M. Howards

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Undertaker, marken

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate. Health Department, Office of Registrus The Physician who attended any person in a last illness, is espot to the Undertaker or other person superintending the burial, within requested so to do, under penalty of law.

No Permit for Burial can be Obtained. esponsibl**i A the C**ese said deceased, or sooner, if CERTIFICATE Date of Death,  $Full \ Name \ of \ Deceased, \left\{ egin{array}{ll} ext{Write legibly and snell} \ ext{correctly.} & ext{If an Infant} \ ext{not named, give names} \ ext{of parents.} \end{array} 
ight.$ Sex, Male or Female, {Cross out the word not required in this line. } Age, .... Years, Color. Married, Single, Widow or Widower, Cross cut the words not required in this line. Occupation,... Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, Give Street and Number. Cause of Death,  $\left\{\begin{array}{l} \text{First (Primary),} \end{array}\right.$ Second (Immediate), Duration of Last Sickness, Place of Burial, Wellern Date of Burial, Mar 9

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 9848 Zoffice of Registrar of Vival Ward 0
The Physician who attended any person in a last illness, is responsibly to the presentation of the stifficate, accurately filled out to the Undertaker or other person superintending the burial, within two days.  The Physician who attended any person in a last illness, is responsibly to the presentation of the stifficate, accurately filled out to the Undertaker or other person superintending the burial, within two days.  The Physician who attended any person in a last illness, is responsibly to the presentation of the stifficate, accurately filled out to the Undertaker or other person superintending the burial, within two days.  The Physician who attended any person in a last illness, is responsibly to the presentation of the stifficate, accurately filled out to the Undertaker or other person superintending the burial, within two days.  The Physician who attended any person in a last illness, is responsibly to the presentation of the stifficate of the Undertaker or other person superintending the burial, within two days.  The Physician who attended any person in a last illness, is responsibly to the presentation of the stifficate of the undertaker or other person superintending the burial, within two days.  The Physician who attended any person in a last illness, is responsibly to the presentation of the undertaker or other person superintending the burial person in a last illness, is responsibly to the presentation of the undertaker or other person superintending the burial person in a last illness, is responsibly to the presentation of the undertaker or other person superintending the burial person in a last illness, is responsibly to the undertaker or other person superintending the burial person in a last illness.  The Physician who attended the undertaker of the undertaker of the undertaker or other person in a last illness, is responsible to the undertaker or other person in a last illness.  The Physician illness illnes
CERTIFICATE CERTIFICATE
Date of Death, March 9th 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.  Sam Mile on Female (Cross out the word not)
Sex, Mate or Female, required in this line.
Age, Months, Days.
Color, Colored
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 831 Mc aleur of
Cause of Death, First (Primary), Phthisis Pulmonalis Second (Immediate),
Duration of Last Sickness, 3 Months All the above information should be furnished by the Physician.
Place of Burial Laurel Centel
Date of Burial, Mich 16"/87 Edwin B. Fenty, M. D. Wedical Atterfant.
Place of Business, Corollie St Address, 1201 N. Elen St.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]